

INVOICE FORMWestchester Town Center BID
Westchester Business Improvement Assn. 2011-2012

| | | | | |
|--|------------------|-------------------|-------------------------------|----------|
| INDIVIDUAL/ORGANIZATION NAME | | FISCAL YEAR | AFE OR CONTRACT NUMBER | |
| 8929 S. Sepulveda, #130 | | Los Angeles | CA 90045 | |
| ADDRESS | | CITY | STATE | ZIP CODE |
| Don Duckworth 310-417-9030 | | 310-417-9031 | duckworth.donald@gmail.com | |
| CONTACT | TELEPHONE NUMBER | FAX NUMBER | EMAIL ADDRESS | |
| 26-0569506 | | 0002266685-0001-1 | | |
| SOCIAL SECURITY NUMBER/FEDERAL I.D. NUMBER | | | BUSINESS TAX REGISTRATION NO. | |

Department of Cultural Affairs
201 North Figueroa Street, Suite 1400
Los Angeles CA 90012

() AFE
() Personal Svcs. Contract
() Sub P.O./Purchase Order

Please describe below, the service provided for which payment is being requested; Include the date, time and place of the event:

Design and production of window art in commercial center by local school students coordinated by Otis College of Art & Design students/class. 9100 S. Sepulveda and adjacent neighborhood.

PLEASE PAY THE AMOUNT OF: \$ 2,500.00

I certify under penalty of perjury that the service(s) for which payment is hereby requested has/have been performed by me, or the above organization that I represent, in full compliance with the requirements and/or provisions of the contract/AFE.

| | | |
|------|-----------|-------|
| DATE | SIGNATURE | TITLE |
|------|-----------|-------|

FOR DCA USE ONLY:

This section is to be completed by an authorized employee of the Center/Facility/Division overseeing the Contract/AFE.

SERVICES & DOCUMENTS REQUIRED BY CONTRACT OR AFE # _____ WERE RECEIVED BY
ME ON ____ - ____ - ____ AND I HEREBY APPROVE THIS INVOICE FOR PAYMENT

AUTHORIZED SIGNATURE _____

DATE _____

FOR DCA ACCOUNTING USE ONLY:

() Receipt Verification

I certify that the materials, supplies, or services covered by this bill were received and/or verified by me on _____ and compliance with the contract terms.

() Living Wage Ordinance on file, if applicable

() Insurance Verification

I certify that evidence of approved insurance is on file in the City Attorney's Office, if applicable

() Declaration of Compliance of the Equal Benefits Ordinance is on file

SIGNATURE _____

DATE _____